



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SAN ANTONIO SPINE & REHAB
SUITE 107
1313 SOUTHEAST MILITARY DRIVE
SAN ANTONIO TX 78214

Respondent Name

HARTFORD UNDERWRITERS INSURANCE

Carrier's Austin Representative

Box Number 47

MFDR Tracking Number

M4-11-2589-01

MFDR Date Received

March 31, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Payment for this bill was denied initially on 08/13/2011 'for absence of, or exceed precertification/authorization.' A second denial was received 09/24/2010 [sic] again denying the date of service for absence of preauthorization. On 06/22/2010, preauthorization for CPT codes 97110, 97140 and G0283 were approved from 06/22/2010-08/17/2010 Authorization #: 04909 1012456. Enclosed in the preauthorization letter stating that these services have been certified."

Amount in Dispute: \$385.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not include a position summary with the DWC060 response.

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|-----------------------------------|-------------------|------------|
| July 26, 2010 | 97110 x 4, 97035, G0283 and 97140 | \$270.50 | \$224.23 |
| July 28, 2010 | 99211 and 99080-73 | \$115.00 | \$15.00 |
| TOTAL | | \$385.50 | \$239.23 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.

3. 28 Texas Administrative Code §134.600 sets out the Preauthorization, Concurrent Review, and Voluntary Certification of Health Care.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits
 - 197 – Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.
 - 198 – Procedure not approved by pre-authorization

Issues

1. Did the requestor obtain preauthorization for the services in dispute?
2. Did the requestor bill in conflict with the NCCI edits?
3. Did the requestor submit documentation to support the billing of CPT code 99080-73?
4. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code § 134.600 “(p) Non-emergency health care requiring preauthorization includes: (5) physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels: (A) Level I code range for Physical Medicine and Rehabilitation, but limited to: (i) Modalities, both supervised and constant attendance; (ii) Therapeutic procedures, excluding work hardening and work conditioning...”

The requestor seeks reimbursement for CPT codes 97035, G0283, 97140 and 97110 x 4 rendered on July 26, 2010. Review of the preauthorization letter dated June 22, 2010 supports the requestors position that preauthorization was obtained for the disputed CPT codes 97110, 97140 and G0283, as a result the disputed CPT codes will be reviewed pursuant to 28 Texas Administrative Code §134.203 (b).

Review of the submitted documentation does not support that preauthorization was obtained for CPT code 97035 rendered on July 26, 2010 and CPT code 99211 rendered on July 29, 2010. As a result, reimbursement is not recommended for CPT codes 97035 and 99211.

2. Per 28 Texas Administrative Code § 134.203 “(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

The division completed NCCI edits for date of service July 26, 2010, to identify potential NCCI edits that would affect payment.

The requestor billed the following CPT codes on July 26, 2010; 97035, G0283, 97140 and 97110 x 4. No NCCI edits were identified, therefore the disputed services will be reviewed according pursuant to 28 Texas Administrative Code § 134.203 (c).

3. Per 28 Texas Administrative Code §134.203 “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.”

Per 28 Texas Administrative Code § 134.203 “(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title.”

The MAR reimbursement for CPT code 97110 x 4 units rendered on July 26, 2010 is \$167.47, this amount is recommended.

The MAR reimbursement for CPT code 97140 rendered on July 26, 2010 is \$39.26, this amount is recommended.

The MAR reimbursement for HCPCS code G0283 rendered on July 26, 2010 is \$17.50, this amount is recommended.

4. Per 28 Texas Administrative Code §129.5 “(i) Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15. A doctor shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section.”

The requestor submitted documentation to support the billing of CPT code 99080-73 rendered on July 28, 2010, as a result, reimbursement is recommended in the amount of \$15.00.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$239.23.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$239.23 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

November 7, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.